

OFFEROR SHALL COMPLETE THE FOLLOWING INFORMATION:

**GSA Contract Number
& Expiration Date:** _____

DUNS NUMBER: _____

FED TAX ID#: _____

CAGE CODE: _____

PHONE NO: _____

FAX NO: _____

E-MAIL ADDRESS: _____

NAICS 561320

NOTES:

1. Questions concerning this solicitation must be submitted in writing and may be faxed to ATTN: Sharon Crady at (502)624-7165/5869 or e-mail to sharon.crad@knox.army.mil.

2. All contractors wishing to do business with the government must possess a valid DUNS number and Cage Code and must be registered in the Central Contractor Registration (CCR). Contractors can register online at www.ccr.gov. For assistance, contractors can call toll free 888-227-2423.

Section SF 1449 - CONTINUATION SHEET

0001

PEDIATRICIAN SERVICES T IRELAND ARMY COMMUNITY HOSPITAL, FORT KNOX, KY DURING THE PERIOD 1 JANUARHY 2005 THROUGH 31 DECEMBER 2005. PURCHASE REQUEST NUMBER: W22PMH-4303-C108.

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AA	ROUTINE HOURS	1,800	Hours	\$ _____	\$ _____

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AB	WEEKDAY/EVENING CALL	60	Each	\$ _____	\$ _____

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AC	SATURDAY, SUNDAY, OR HOLIDAY CALL	40	Each	\$ _____	\$ _____

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001AD	CALL-BACK HOURS	200	Hours	\$ _____	\$ _____

CLAUSES INCORPORATED BY REFERENCE

52.204-7	Central Contractor Registration	OCT 2003
52.232-33	Payment by Electronic Funds Transfer--Central Contractor Registration	OCT 2003

252.204-7004 Alt A Required Central Contractor Registration Alternate A
252.232-7003 Electronic Submission of Payment Requests

NOV 2003
JAN 2004

CLAUSES INCORPORATED BY FULL TEXT

52.252-1 SOLICITATION PROVISIONS INCORPORATED BY REFERENCE (FEB 1998)

This clause incorporates one or more solicitation provisions by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. The offeror is cautioned that the listed provisions may include blocks that must be completed by the offeror and submitted with its quotation or offer. In lieu of submitting the full text of those provisions, the offeror may identify the provision by paragraph identifier and provide the appropriate information with its quotation or offer. Also, the full text of a solicitation provision may be accessed electronically at this/these address(es):

<http://www.arnet.gov/far>
<http://farsite.hill.af.mil>

(End of provision)

52.252-2 CLAUSES INCORPORATED BY REFERENCE (FEB 1998)

This clause incorporates one or more clauses by reference, with the same force and effect as if they were given in full text. Upon request, the Contracting Officer will make their full text available. Also, the full text of a clause may be accessed electronically at this/these address(es):

<http://www.arnet.gov/far>
<http://farsite.hill.af.mil>

(End of clause)

AWARD

The award of any contract issued hereunder will be made to the lowest-priced, responsive, responsible, offeror that submits a qualified candidate after consideration of the following:

- A. Review of Curriculum Vitae for candidates' ability to meet the requirements of section 1.3 of the Performance Work Statement.
- B. Verification of current GSA contract.
- C. Failure to submit a bid on all items will render the bid non-responsive.

INSPECTION

Inspection of services to be furnished hereunder will be made by the Commander, MEDDAC, Fort Knox, Kentucky or his authorized representative.

PAYMENT

The quantities included herein are estimates only, based on current anticipated government requirements. The government will pay the contractor monthly, for services performed during the preceding month, upon submission of proper invoices, the prices stipulated in this contract for the services delivered and accepted, less any deductions provided in the contract.

INVOICES

The contractor shall submit invoices to the Defense Finance Accounting Services paying office indicated in Block 18a of the contract document (SF 1449), with a copy furnished Ireland Army Community Hospital, Attn: Aaron Ford MCXM-PDS, Building 851, Fort Knox, KY 40121-5000. All invoices must contain some sort of identifying invoice/account number along with the purchase order and/or contract number. Failure to do so will result in delay of payment.

CONTRACT PERIOD

Any contract awarded as a result of offers received under this solicitation shall extend from 1 January 2005 or date of contract award, whichever is later, through 31 December 2005, both dates inclusive, unless sooner terminated under the terms of the contract.

CONTRACT ADMINISTRATION

All contract administration will be effected by the Contracting Officer, Directorate of Contracting, Contract Administration Division, Building 1109B RM 250, Fort Knox, KY. Changes in or deviation from the scope of work shall not be effected without a written modification to the contract executed by the Contracting Officer.

PERFORMANCE WORK STATEMENT

All work shall be performed in accordance with the "Performance Work Statement for Pediatric Services at Ireland Army Community Hospital, Fort Knox, Kentucky," dated 22 July 2004, attached hereto.

PRIVACY OF PROTECTED HEALTH INFORMATION (DEC 2002)

(a) Definitions. As used in this clause:

Individual has the same meaning as the term "individual" in 45 CFR 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502(g).

Privacy Rule means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

Protected Health Information has the same meaning as the term "protected

health information" in 45 CFR 164.501, limited to the information created or received by The Contractor from or on behalf of The Government.

Required by Law has the same meaning as the term "required by law" in 45 CFR 164.501.

Secretary means the Secretary of the Department of Health and Human Services or his/her designee.

Terms used, but not otherwise defined, in this Agreement shall have the same meaning as those terms in 45 CFR 160.103 and 164.501.

(b) The Contractor agrees to not use or further disclose Protected Health Information other than as permitted or required by the Contract or as Required by Law.

(c) The Contractor agrees to use appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Contract.

(d) The Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to the Contractor of a use or disclosure of Protected Health Information by the Contractor in violation of the requirements of this Contract.

(e) The Contractor agrees to report to the Government any use or disclosure of the Protected Health Information not provided for by this Contract.

(f) The Contractor agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by the Contractor on behalf of the Government agrees to the same restrictions and conditions that apply through this Contract to the Contractor with respect to such information.

(g) The Contractor agrees to provide access, at the request of the Government, and in the time and manner designated by the Government to Protected Health Information in a Designated Record Set, to the Government or, as directed by the Government, to an Individual in order to meet the requirements under 45 CFR 164.524.

(h) The Contractor agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Government directs or agrees to pursuant to 45 CFR 164.526 at the request of the Government or an Individual, and in the time and manner designated by the Government.

(i) The Contractor agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Contractor on behalf of, the Government, available to the Government, or at the request of the Government to the Secretary, in a time and manner designated by the Government or the Secretary, for purposes of the Secretary determining the Government's compliance with the Privacy Rule.

(j) The Contractor agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(k) The Contractor agrees to provide to the Government or an Individual, in time and manner designated by the Government, information collected in accordance with this Clause of the Contract, to permit the Government to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

General Use and Disclosure Provisions

Except as otherwise limited in this Agreement, the Contractor may use or disclose Protected Health Information on behalf of, or to provide services to, the Government for the following purposes, if such use or disclosure of Protected Health Information would not violate the Privacy Rule or the Department of Defense Health Information Privacy Regulation if done by the Government: [None].

Specific Use and Disclosure Provisions

(a) Except as otherwise limited in this Agreement, the Contractor may use Protected Health Information for the proper management and administration of the Contractor or to carry out the legal responsibilities of the Contractor.

(b) Except as otherwise limited in this Agreement, the Contractor may disclose Protected Health Information for the proper management and administration of the Contractor, provided that disclosures are required by law, or the Contractor obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by

law or for the purpose for which it was disclosed to the person, and the person notifies the Contractor of any instances of which it is aware in which the confidentiality of the information has been breached.

(c) Except as otherwise limited in this Agreement, the Contractor may use Protected Health Information to provide Data Aggregation services to the Government as permitted by 45 CFR 164.504(e)(2)(i)(B).

(d) Contractor may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR 164.502(j)(1).

Obligations of the Government

Provisions for the Government to Inform the Contractor of Privacy Practices and Restrictions

(a) Upon request the Government shall provide the Contractor with the notice of privacy practices that the Government produces in accordance with 45 CFR 164.520, as well as any changes to such notice.

(b) The Government shall provide the Contractor with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect the Contractor's permitted or required uses and disclosures.

(c) The Government shall notify the Contractor of any restriction to the use or disclosure of Protected Health Information that the Government has agreed to in accordance with 45 CFR 164.522.

Permissible Requests by the Government

The Government shall not request the Contractor to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by the Government, except for providing Data Aggregation services to the Government and for management and administrative activities of the Contractor as otherwise permitted by this clause.

Termination

(a) Termination. A breach by the Contractor of this clause, may subject the Contractor to termination under any applicable default or termination provision of this Contract.

(b) Effect of Termination.

(1) If this contract has records management requirements, the records subject to the Clause should be handled in accordance with the records management requirements. If this contract does not have records management requirements, the records should be handled in accordance with paragraphs (2) and (3) below

(2) If this contract does not have records management requirements, except as provided in paragraph (3) of this section, upon termination of this Contract, for any reason, the Contractor shall return or destroy all Protected Health Information received from the Government, or created or received by the Contractor on behalf of the Government. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of the Contractor. The Contractor shall retain no copies of the Protected Health Information.

(3) If this contract does not have records management provisions and the Contractor determines that returning or destroying the Protected Health Information is infeasible, the Contractor shall provide to the Government notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Government and the Contractor that return or destruction of Protected Health Information is infeasible, the Contractor shall extend the protections of this Contract to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as the Contractor maintains such Protected Health Information.

Miscellaneous

(a) Regulatory References. A reference in this Clause to a section in the Privacy Rule means the section as in effect or as amended, and for which compliance is required.

(b) Survival. The respective rights and obligations of Business Associate under the "Effect of Termination" provision of this Clause shall survive the termination of this Contract.

(c) Interpretation. Any ambiguity in this Clause shall be resolved in favor of a meaning that permits the Government to comply with the Privacy Rule.

DELTA BADGES The services performed under this contract have been identified as mission (emergency) essential. The services shall continue during emergency situations, such as ThreatCon Delta. In order to gain access to the Fort Knox, KY, installation during these conditions, contractor personnel shall be required to present Delta Badges. Upon contract award and upon change, the contractor shall provide the Contracting Officer with the name, address, and telephone number of an individual to act as the contractor representative responsible for

managing Delta Badges. The contractor shall be responsible for coordinating with the government to identify those personnel who require Delta Badges. The contractor shall be responsible for applying for, obtaining, and turning in the badges, and accounting for the badges in accordance with current procedures.

PERFORMANCE WORK STATEMENT
PEDIATRICIAN
FOR
IRELAND ARMY COMMUNITY HOSPITAL
FORT KNOX, KENTUCKY
22 July 2004

1. GENERAL INFORMATION.

1.1. *Scope of Work.* The contractor shall provide Pediatric physician services on site at Ireland Army Community Hospital (IACH), Fort Knox, Kentucky. The contractor shall perform services of a nature and scope described herein in accordance with the precepts of the American Board of Pediatrics, the currently recognized national standards as established by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Medical Association and established principles and ethics of the medical profession. All contract Pediatric physicians shall give the highest regard to patient dignity and observe the precepts of the American Hospital Association's "Bill of Rights for Patients." Contract Pediatric physicians shall abide by the medical treatment facility's (MTF) rules, regulations and bylaws, including the Medical Staff Bylaws as well as applicable Army regulations.

1.1.1. *This is a Personal Services contract.* Performance under personal services is subject to the day-to-day supervision and direction of designated employees of the government. The contract employee is subject to the supervision and control prevailing in relationships between the government and its employees. The government will evaluate the quality of professional and administrative services provided and retain control over the medical and professional aspects of services rendered (e.g. professional judgments, diagnosis for specific medical treatment). The government-designated official is the Chief, Department of Medicine (DOM) or his designated representative.

1.1.2. *Malpractice Insurance.* Malpractice allegations against contractor employees based upon performance of this contract will be processed in accordance with government policy for allegations against its own employees. The government is a self-insurer for malpractice liability. Contractor employees are not required to carry malpractice insurance, and the government will not reimburse or otherwise pay for such insurance should any be purchased by the contractor or contractor employees. If the contract is terminated, the contract provider shall be covered for any malpractice claims or lawsuits that may arise in the future if the care provided was rendered to the claimant during the term of the contract at the Army medical hospital indicated in paragraph 1.1.

1.1.3. *Licensing Requirements.* The contract employee shall, without additional expense to the government, be responsible for obtaining any necessary licenses and permits, to comply with any applicable Federal and State laws, codes and regulations, in connection with the performance of the type of services required by this contract.

1.1.4. *Communication.* The contract employee shall be able to read, write, understand and speak English well enough to effectively communicate with all patients and other healthcare providers.

1.1.5. *Disclosure.* Complete disclosure of any past incidents in the contract employee's professional duties or of incidents which might be considered to impact on his professional standing, such as charges (unless acquitted) involving either felonies or misdemeanors (other than minor traffic violations), is a necessary part of the competency process. This disclosure must also specifically include reports of any actions, claims, charges of malpractice ever brought against the contract employee (either individually or as a part of a group), as well as the

outcome (or current status) of any such case. The hospital will evaluate any such incident and determine whether it should be disqualifying.

1.1.5.1. Contractors are advised to make full disclosure under this paragraph as a condition of employment. Failure of full disclosure will result in a determination that the provider's services were unsatisfactory.

1.1.5.2. If at any time during the contract period it is discovered through a medical center investigation or any investigation, that the healthcare provider is currently pending charges, or has previously been convicted of any of the aforementioned incidents, the contract provider may be terminated.

1.1.6. *Unacceptable Skills.* The government reserves the right to test the contract provider prior to performing services, and at any time during the contract, to ensure that he/she possesses the necessary and required skills. Should the contract employee be found to perform unsatisfactorily or be unfit for duty, he/she will be asked not to perform services at the MTF. At any time during the course of contract performance, the contract employee may be asked to leave if it is deemed to be in the best interest of the clinic.

1.1.7. *Misconduct/Disruption of Services.* At any time during the performance of this contract, the Contracting Officer, QAE or Chief of the Department may immediately remove any contract employee whose actions, or impaired state, result in the clear disruption to the work force.

1.1.8. *Litigation.* In the event of litigation/investigation of a claim of liability or malpractice, the contract employee shall cooperate fully with government authorities and designated officials in the investigation of the claim or preparation of litigation. Contract personnel shall immediately notify the Contracting Officer and promptly furnish copies of all pertinent papers received; cooperate with the government in the processing, review, settlement or defense of the suit, action or claim; and authorize government representatives to settle or defend the claims and to represent the healthcare provider in, or take charge of, any litigation involved in such an action.

1.1.9. *Confidentiality.* The contractor shall abide by AR 40-3 and AR 40-66 concerning the nature of limited privileged communication between patient and healthcare provider for security and personnel reliability programs. The contractor shall abide by AR 40-66 concerning the confidentiality of patient records as embodied in federal statutes including the Privacy Act of 1974 and the Drug and Alcohol Act, Public Law 92-129. The contractor shall direct all requests for medical information on patients to the Chief, Patient Administration Division. The contractor shall not release any medical or personal information on a patient without first receiving written approval from the government.

1.1.9.1. *HIPAA.* The contractor shall abide by the Standards for Privacy of Individually Identifiable Health Information of the Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-91. The contractor shall not use or further disclose Protected Health Information other than as permitted or required by this contract or as required by Law. The contractor shall use appropriate safeguards to prevent use or disclosure of the Protected Health Information. The contractor shall mitigate, to the extent practicable, any harmful effect that is known to the contractor of a use or disclosure of Protected Health Information by the contractor in violation of the requirements of this contract. The contractor shall report to the government any use or disclosure of the Protected Health Information not provided for by this Contract. The contractor shall document, in a time and manner designated by the government, any disclosure of Protected Health Information as would be required for the government to respond to a request by an individual for an accounting of disclosure of Protected Health Information.

1.1.9.2. Contractor personnel shall follow the established procedures of their assigned department/clinic to safeguard the patient's Protected Health Information. Unauthorized or inappropriate disclosure of Protected Health Information by contractor personnel performing services under this contract will be cause for separation. Removal of contract employees for any reason does not relieve the contractor of the requirement to perform services specified herein.

1.1.10. *Conflict of Interest.*

1.1.10.1. The contract employee shall not use patient care rendered pursuant to this agreement as a part of a study, research grant, or publication without the prior written consent of the Chief, DOM.

1.1.10.2. The contract employee shall not bill the patient, an insurer, or anyone else for services rendered. The only compensation the contractor is entitled to for performance of the contract is payment the contract specifies.

1.1.10.3. The contract employee shall not, while performing services under this contract, advise, recommend, or suggest to persons eligible to receive medical care at Army expense that such persons should receive care from the contract employee at any place other than at the MTF. The contract employee will not refer any patients to any company or service to which they have a direct or indirect involvement (including partnership programs and ancillary services not offered by this MTF).

1.1.10.4. The contract employee is not prohibited by reason of employment under this contract from conducting private practice, if there is no conflict with the performance of services under this contract. The contractor shall not use government facilities or other government property in connection with conducting a private practice.

1.1.10.5. The contract employee shall not be an employee of the United States Government if the employment would create a conflict of interest. The contract employee, who is an employee of the Department of Defense either military or civilian, shall not be employed unless such person seeks and receives approval in accordance with DoD 5500.7-R.

1.1.10.6. The contract employee shall not introduce new procedures without first coordinating with the Chief, DOM or his designated representative.

1.1.11. *Safety.* The contractor shall be responsible for complying with all installation safety prevention regulations. Such regulations include, but are not limited to, general safety, fire prevention and waste disposal.

1.1.12. *Security.*

1.1.12.1. *Security Identification Badges.* Contract employees shall comply with the local installation and MTF personnel identification and access requirements.

1.1.12.1.1. *MTF Badge.* Contract personnel shall wear a local MTF picture identification badge. The badge will be furnished by the MTF. Contract personnel shall wear the badge at all times while on duty.

1.1.12.1.2. *Common Access Card (CAC).* Contract personnel shall complete DD Form 1172-2, Application for Department of Defense Common Access Card DEERS Enrollment, to obtain a Common Access Card (Civilian ID Card). The CAC will be issued by One Stop Processing Activity, Fort Knox, KY. Contract employees shall show their Common Access Card at the installation checkpoint upon entering the installation.

1.1.12.1.3. Contract employees shall turn in the MTF badge and Civilian ID Card to the Chief, DOM or his designated representative upon termination of services under this contract.

1.1.12.2. *Vehicle Registration.*

1.1.12.2.1. Fort Knox, Kentucky is a restricted access military installation. All contract employees must register their vehicles with the Provost Marshal's Office. A valid driver's license, government-furnished civilian ID, proof of insurance and current registration must be presented to the Provost Marshal's Office, at which time, a Department of Defense decal will be issued. The decal shall be placed on the vehicle's front windshield in accordance with instructions. All vehicles, with or without a DoD decal are subject to search. Contract employees may encounter long delays for vehicle inspection and identification checks upon entering and exiting the installation. The government will not reimburse the contractor for time spent at installation checkpoints. Contract employees should plan accordingly and report to work at their scheduled duty time.

1.1.12.2.2. Contract employees shall follow installation procedures for removal and turn-in of the decal upon termination of services under this contract.

1.1.12.3. *ADP Security.* The contract employee under this contract shall have access to and/or process information requiring protection under the Privacy Act of 1974, these positions are considered “ADP Sensitive” positions. Compliance with DoD Directive 5200.28, DoD 5200.2-R, AR 25-2 and AR 380-67 is mandatory for ADP Sensitive positions. Therefore, a National Agency Check with Inquiries is required for each contract employee under this contract. The contractor shall ensure that their employees cooperate with and assist the government in conducting the NAC. Contract employees will be fingerprinted and required to complete the appropriate forms, usually a Standard Form 85-P, Questionnaire for Public Trust Positions. A copy of SF 85-P will be provided upon award. The contractor shall advise their employees that a positive report is needed as a condition of continued employment under this contract.

1.1.13. *MTF Formulary.* Contract employees authorized to prescribe pharmaceuticals shall do so according to the availability of drugs listed therein. The pharmacy services will provide instructions to all prescribing contract physicians on substitutions and generic drugs for prescribed drugs. The contract employees shall follow the procedures of the MTF when prescribing drugs.

1.1.14. *JCAHO.* Contract employees shall take part in clinic activities or programs as required to meet the JCAHO standards.

1.1.15. *Contractor’s Representative.* The contractor shall provide both the Contracting Officer and the Quality Assurance Evaluator (QAE) the name and telephone number of an individual to act as his representative no later than five (5) working days after award. The Contractor Representative shall be the pediatrician performing services under this contract.

1.1.16. *Manpower Report.* The contractor shall furnish to the Contracting Officer a list of employees who worked during the month and the number of hours worked no later than the 5th working day of the month following the month in which the services were provided.

1.2. HOURS OF PERFORMANCE.

1.2.1. *Clinic Schedule.* Clinic hours are 7:30 a.m. to 5:00 p.m., Monday through Friday, excluding legal public holidays. Weekday clinic hours will include a 30-minute unpaid lunch period. The contractor shall have a variable clinic schedule, typically working 4 days per week, 6-8 hours per day. The contractor’s clinic schedule (hours and days) will be coordinated with the Chief of the Clinic prior to performance and shall be mutually agreeable to the contractor and the government. The contractor may or may not be scheduled to work training holidays and other times the clinics are authorized to be closed by the MTF Commander, e.g., MEDDAC Organization Day. The contractor’s clinic work schedule may include Saturday clinic hours. Saturday clinic hours are 9:00 a.m. to 1:00 p.m. The contractor’s clinic work schedule shall not exceed 40 hours during a 5-day workweek.

1.2.2. *On-Call.*

1.2.2.1. The contract pediatrician shall perform on-call duty approximately one week (5 weekdays) and one weekend per month. The contract pediatrician’s call schedule may include legal public holidays.

1.2.2.2. Weekday call begins at 12:00 p.m. and ends the following day at 8:00 a.m. The contract physician shall be on-site during their normal schedule when on-call on a weekday, with the exception of times the clinic is closed, i.e., legal public holidays.

1.2.2.3. Weekend, Saturday and Sunday call, begins at 8:00 a.m. Saturday morning and ends at 8:00 a.m. on the following Monday morning.

1.2.2.4. The contract physician shall carry a government-furnished beeper when on-call. When on-call, the contract physician shall be on-site within 30 minutes. If the contract physician's residence is more than 30 minutes away from Ireland Army Community Hospital, he/she will be required to reside in the hospital when on-call.

1.2.2.5. The Chief, DOM or his designated representative will provide the contract physician with a copy of the call schedule at least ten working days prior to the first workday of the month.

1.2.2.6. The physician on-call assumes responsibility for the inpatient population. The Pediatrician on-call will assume the medical management of the pediatric inpatients. The contract physician shall coordinate care of their inpatients with the physician on-call. The on-call pediatrician will be required to cover the Inpatient Ward, Emergency Department, Newborn Nursery, and Labor and Delivery as follows:

1.2.2.6.1. Provide care to pediatric patients on the Medical/Surgical Ward and Special Care Unit,

1.2.2.6.2. Provide consultations for possible ward admission for the ER and Primary Care clinics.

1.2.2.6.3. Provide care to newborns in the Nursery.

1.2.2.6.4. Provide inpatient care and stabilization for transport of critically ill newborns to neonatal intensive care units.

1.2.2.6.5. Attend high-risk deliveries for Labor and Delivery.

1.2.3. Hours worked do not include travel time to reach the MTF. Signing in early or working through lunch does not constitute overtime. All hours worked over 40 hours per week, will be reimbursed at the basic rate specified in the contract. Prorating of minutes for payment purposes is as follows: 10 to 20 minutes = ¼ hour; 21 to 40 minutes = ½ hour; 41 to 59 minutes = ¾ hour; and 60 minutes = 1 hour.

1.2.4. The contract physician shall submit requests for scheduled leave to the Chief of the Clinic 30 days prior to requested leave, or prior to submission of monthly clinic and call schedules. Absences, scheduled or unscheduled, are unpaid. The contract physician shall notify the Chief of the Clinic when unable to report to work due to illness, emergencies, etc.

1.2.5. The contract physician shall sign in and out each workday using a government-furnished timesheet. The timesheet shall be verified by the OIC or NCOIC of the clinic. The government reserves the right to verify hours worked by the contract physicians by implementing sign-in/sign-out logs or any other means including requiring the contract physician to utilize CHCS to sign-in and sign-out.

1.3. PROFESSIONAL QUALIFICATIONS.

1.3.1. The contract physician shall have successfully completed a Pediatric residency training program which is accredited by the American Board of Pediatrics or American Osteopathic Board of Pediatrics.

1.3.2. The contract physician shall be certified by the American Board of Pediatrics.

1.3.3. The contract physician shall have current experience in Pediatrics, with a minimum of one (1) year of experience, within the past three (3) years.

1.3.4. The contract physician shall have and maintain a valid, unrestricted state license in any state in the United States, District of Columbia, or the territory of Puerto Rico to practice medicine, and a current Drug Enforcement Administration (DEA) registration. The licenses and registration must be renewed and maintained in a current status during the life of the contract.

1.3.5. The contract physician shall have current Basic Life Support (BLS) certification from the American Heart Association. Advanced Cardiac Life Support or other advanced certification does not supersede BLS certification.

PALS and NRP certifications are encouraged.

1.3.6. Certifications/licenses shall be maintained in a current status at all times while performing services under this contract. If at any time during the contract, a contract provider does not renew any of the required certifications/licenses prior to the expiration date, he/she will not be allowed to work at IACH. This expense shall be borne by the contractor.

1.3.7. *Continuing Education (CE) Requirements.* Contract healthcare providers licensed, registered, or certified by state or national boards or associations shall continue to meet the minimum standards for CE to remain current. CE shall be obtained at no additional cost to the government.

1.4. SPECIFIC DUTIES/TASKS.

1.4.1. The contract physician shall serve as the primary care manager for the medical management of empanelled patients. The contract physician shall use MTF established procedures for obtaining consultations for the referral of patients to secondary and tertiary level services.

1.4.2. The contract physician shall see pediatric patients at a rate of three to four appointments per hour depending on scheduled template.

1.4.3. The contract physician shall provide comprehensive and continuing medical care for children and infants. The contract physician shall be capable of performing the full range of Pediatric services to include, but not limited to: performing physical examinations of sick and well infants and children; performing preschool and pre-athletic examinations; administering vaccines and immunizing agents as required; prescribing and administering treatment, such as treatment for colds, infectious diseases, common allergies, and emergency treatment for minor illnesses and injuries; performing emergency treatment in cases of serious illness or injury and recommending arrangements for hospitalization and surgery.

1.4.4. The contract physician shall instruct and monitor other medical personnel in care and treatment of patients to include non-therapeutic services such as physical examination. The contract physician shall provide medical supervision of physician extenders such as nurse practitioners and physician assistants.

1.4.5. The contract physician shall initiate requests for laboratory tests and x-rays, as appropriate. Follow-up of abnormal reports is the responsibility of the ordering physician. All abnormal x-ray and lab reports received on patients seen by the contractor physician shall be reviewed by the ordering physician within 24 hours of its receipt.

1.4.6. The contract physician shall prepare and document appropriate history, physical examinations and diagnosis. Maintain documentation of all treatment provided in accordance with hospital directives and prepare such records and reports as may be required. The contract physician shall ensure all documentation and reports are legible.

1.4.7. The contract physician shall perform peer review, chart review and other quality assurance functions as required to meet the standards of the Joint Commission on Accreditation of Healthcare Organizations. The contract physician shall participate in consultant visits, staff meetings, and conferences as scheduled by the Chief, Department of Medicine or his designated representative. These tasks are accomplished in conjunction with routine work.

1.4.8. *Composite Health Care System (CHCS).* Contract physicians shall use the CHCS for keeping records, ordering of ancillary procedures, ordering of medications, writing doctor's orders, schedule follow-up visits and performing other required patient functions. The government will provide training to contract employees (see para

1.10.1). Access to such patient data systems is an "Automated Data Processing Sensitive" position requiring compliance with AR 25-2 and AR 380-67.

1.4.9. *Infection Control.* The contract physician shall adhere to the Centers for Disease Control guidelines concerning standard precautions and MEDDAC Memo 40-15, Infection Control Program, at all times while providing services under this contract.

1.5. CREDENTIAL REVIEW/PRIVILEGING.

1.5.1. The requirements of the government as stated in this work statement are for the performance of professional medical services. Privileges are granted by commanders of Army medical treatment facilities (MTF's). As a prerequisite to performance under this contract, the contract physician must be privileged by the MTF Commander.

1.5.2. Attachment 2 provides a detailed explanation of an application required for the MTF Credentials Committee to grant privileges. The government will furnish the DA and IACH forms listed in Attachment 2 to the contractor upon award. The contractor shall submit a complete credentials application as outlined in Attachment 2 no later than seven (7) calendar days after notification of award or shall hold current, active privileges at IACH.

1.5.3. The privileging process is subject to the provisions of Army Regulation (AR) 40-68, Medical Services, Quality Assurance Administration and any subsequent changes to that regulation or any successor regulations that might evolve. The Credentials Committee established at the MTF is the sole agency authorized to accept applications for privileges submitted by the Contractor to make recommendations to the commander on the granting of privileges. The MTF commander is the final authority for approving or denying clinical privileges.

1.5.4. The MTF commander is the sole authority who can revoke or otherwise restrict the privileges of physicians whom he/she determines is not qualified to perform the contract services. Once privileges are granted, subsequent actions taken concerning the privileges of the contract physician, including any limitation on privileges, will be governed by the procedures in AR 40-68.

1.5.5. Adverse actions on contract physician privileges, once action is taken by the commander, may be appealed locally by the contract physician under the provisions of AR 40-68, but are final and cannot be appealed by the contractor.

1.5.6. *Employee Credentialing History.* The contractor shall not employ any individual to provide services under this contract who, within 7 years prior to employment, has had his/her clinical privileges limited, suspended, or revoked by any health care facility, public or private, anywhere in the world. Limitation of clinical privileges, as used in this paragraph, refers to a partial withdrawal/reduction of clinical privileges as a result of a determination that, or pending investigation to determine if, an individual has engaged in unprofessional conduct or substandard medical practice or is incompetent to perform certain medical practice.

1.5.7. The contractor shall not employ any individual to provide services under this contract who is the subject of a current or pending hearing or appeal brought by any health care facility, public or private, anywhere in the world, which may result in the limitation, suspension or revocation of the individual's clinical privileges.

1.6. HEALTH REQUIREMENTS.

1.6.1. The contract physician shall comply with the Health and Immunization Requirements outlined in Attachment 1. The expense for all physical examinations required under the provisions of this contract shall be borne by the contractor at no additional cost to the government.

1.6.2. The contract physician shall provide current certification of health prior to performance. In addition to the physical examination certificate, the examining physician shall complete Attachment 1-A annotating immunizations and test results. The contractor shall furnish copies of all laboratory results when certifying immunity by titers or serologic testing.

1.6.3. The contract physician shall have no health or physical disability restrictions that interfere with the performance of duties.

1.6.4. Contract physicians shall be required to submit to substance abuse testing (scheduled and unscheduled) in accordance with AR 600-85.

1.7. PERSONAL APPEARANCE.

1.7.1. Contract physicians shall dress in a neat, professional manner in good keeping with standard health care practices. Contract personnel may wear dresses; skirts, pants or slacks with shirt or blouse with collar and sleeves; shoes and socks. Tank-top shirts, cut-offs, T-shirts, blue jeans, shower shoes or similar items of apparel shall not be worn. Contract personnel shall not display (wear) any jewelry and/or ornaments associated with pierced skin or other body piercing with the exception of pierced earrings in the ear. Contract personnel's clothing shall cover any obscene or vulgar tattoos.

1.7.2. Facial hair (including beards, mustaches, sideburns) shall be controlled (restrained) or trimmed so it will not interfere or inhibit safe and sanitary work practices; hair (head or facial) shall not look unkempt or unclean.

1.8. CONTRACTOR FURNISHED SUPPLIES/SERVICES.

1.8.1. *Rubber Stamp.* The contract physician shall have his/her own rubber stamp containing their full name and degree or title. The stamp will be placed on all forms and documentation having the contract physician's signature.

1.8.2. *Stethoscope / Smock.* The contractor shall provide each contract physician his/her own stethoscope and white physician's smock. The contractor shall ensure that, when worn, the smock is clean and in good repair.

1.9. GOVERNMENT FURNISHED SUPPLIES/SERVICES.

1.9.1. Government Training / Orientation.

1.9.1.1. *Staff Orientation.* Contract employees shall participate in all staff orientation and/or training that may be required as a precondition to performance as may be prescribed by the Chief, Department of Medicine or his designated representative. Such orientation may include instruction on automated processing, standard operating procedures, local in-services, quality improvement policies, communications, and occupational exposure to blood borne pathogens, safety programs, etc.

1.9.1.2. *Composite Health Care System Training (CHCS).* Contract employees shall attend training in the use of CHCS. The length of training will depend upon the computer skills of the individual contract employee. This training will be coordinated and scheduled by the Chief, DOM or his designated representative. (Access to such patient data systems is an "Automated Data Processing Sensitive" position requiring compliance with AR 25-2 and AR 380-67.

1.9.1.3. *New Employee Orientation and Annual Training Updates.* Contract employees shall be required to complete an initial orientation and an annual training update after their first year at IACH. Annual training updates are normally completed within the employee's birth month. Initial orientation and annual training updates may be accomplished via video or classroom instruction, computer-based instruction, or review of written materials.

1.9.1.4. *HIPAA Privacy and Security Training (HIPAA 101).* Contract employees shall be required to complete the On-Line Web-based Training Modules after beginning work under this contract.

1.9.1.5. Hours for attending any of the above shall be compensated at the regular hourly rate established in the contract.

1.9.2. The government will provide use of all available MTF facilities and support services, materials, publications and forms, and equipment required for contract performance (except as designated). Contract employees shall keep

government furnished supplies, equipment and work areas in a safe, orderly and clean condition. Contract employees shall notify the government whenever maintenance of equipment is required.

1.9.2.1. Telephones, facsimile machines, copiers and computer equipment are authorized for transaction of official government business only and shall not be used for personal business. Personal long distance calls are not authorized and the cost of all personal long distance calls made will be deducted from the Contractor's invoice. Telephones, facsimile machines and computer equipment are subject to communications security monitoring at all times.

1.9.2.2. Space used by contract employees in performance of services may be used for other purposes during their absence. Items of clothing, personal effects, or equipment cannot be secured during their absence. The government will not incur any liability for theft, damage to, or loss of such personal items.

1.9.3. Contract employees may be issued keys. The contractor shall safeguard the keys from loss, theft or destruction, and must display all keys signed for at scheduled or unscheduled key control inspections. The contractor shall be required to reimburse the government for lost keys and lockset (if locksets are required to be replaced as a result of lost keys).

1.9.4. Emergency contract employee healthcare. The MTF will provide emergency healthcare for injuries occurring while on duty. The contractor shall reimburse the government for such services.

1.10. APPLICABLE TECHNICAL ORDERS, MANUALS, REGULATIONS, DIRECTIVES AND FORMS.

1.10.1. All applicable directives and publications (advisory or mandatory), and supplements or amendments to these directives and publications will be current when furnished to the contractor. Directives will be available to the contractor upon request. Current issues of many DA publications can be accessed at <http://www.usapa.army.mil/>.

1.10.2. The contractor is required to follow all mandatory documents to the extent they apply to this contract. Any such changes to mandatory publications which cause a change in the scope of performance within the meaning of the "Changes" clause will not be implemented by the contractor until a change in order or modification is issued by the Contracting Officer.

2. DEFINITIONS/ACRONYMS.

ADVISORY DIRECTIVES: Those directives that the contractor may use for information and guidance but are not binding for compliance.

AMBULATORY DATA MODULE (ADM): An automated clinical information system used for statistical documentation of ambulatory medical care. The computerized system is designed to monitor and track ambulatory encounters and to document patient diagnoses and treatment in order to support management of patient care.

ANCILLARY PERSONNEL: These personnel are commonly referred to as radiology, pathology, and/or medical and pharmacy technicians/technologists. Also clerks, secretaries, and receptionist's personnel are commonly considered administrative personnel.

BENEFICIARIES OF THE MILITARY HEALTHCARE SYSTEM: Those individuals entitled to care at the MTF IAW AR 40-3.

CLINICAL PRIVILEGES: Authorization by the government body to provide specific patient care and treatment services in the organization, within well defined limits, based on the individual's license, education, training, experience, competence, judgment, and physical and mental health.

COMPOSITE HEALTH CARE SYSTEM (CHCS): An automated medical information system, which provides integrated support for the functional work centers of inpatient and outpatient care facilities, patient administration, patient appointments and scheduling, nursing, laboratory, pharmacy, radiology, and clinical dietetics.

CONTINUING EDUCATION: Education beyond initial professional preparation that is relevant to the type of patient care delivered in the organization, that provides current knowledge relevant to the individual's field of practice, and that is related to findings from quality assurance activities.

CONTRACTING OFFICER: A person with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings on contracts.

DEFENSE ENROLLMENT ELIGIBILITY REPORTING SYSTEM (DEERS): A computerized system that maintains current eligibility status for all eligible health care beneficiaries.

FACILITIES: Building and equipment necessary for the implementation of services by personnel.

LEGAL PUBLIC HOLIDAYS [established by 5 U.S.C. 6103 (a)]:

New Year's Day	1 January
Martin Luther King Jr's Birthday	3 rd Monday in January
President's Day	3 rd Monday in February
Memorial Day	Last Monday in May
Independence Day	4 July
Labor Day	1 st Monday in September
Columbus Day	2 nd Monday in October
Veterans Day	11 November
Thanksgiving Day	4 th Thursday in November
Christmas Day	25 December

MANDATORY DIRECTIVES: Those directives that the Contractor is obliged to perform the effort strictly IAW the method specified in the directives to meet the stated results of the directives.

MILITARY TIME is on a 24-hour clock, i.e.:

8:00 a.m.	-	0800
9:10 a.m.	-	0910
Noon	-	1200
8:00 p.m.	-	2000
9:10 p.m.	-	2110
Midnight	-	2400
12:01 a.m.	-	0001

MILITARY DATES are written by placing the day of the month, followed by the first three letters of the month, followed by the last two digits of the year, i.e.:

September 2, 2001 - 02 Sep 01
November 10, 2004 - 10 Nov 04
May 1, 2005 - 01 May 05

PRIME SOURCE VERIFICATION. Confirmation from a primary source (granting agency) or a service that confirms credentials from a primary source that the information provided by the health care provider is current, correct, and substantiates qualifications.

TRAINING HOLIDAYS. Training Holidays are days designated by the MTF Commander the workday either preceding or following a legal public holiday. The number of training holidays may vary from year to year.

QUALITY ASSESSMENT AND IMPROVEMENT (QA&I): An ongoing program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, to pursue opportunities to improve patient care, and to resolve identified problems.

QUALITY ASSURANCE EVALUATOR (QAE). The representative of the Contracting Officer who normally performs surveillance of the contract

ACRONYMS/ABBREVIATIONS:

ACLS	-	Advanced Cardiac Life Support
AHA	-	American Hospital Association
AR	-	Army Regulation
AMA	-	American Medical Association
AOD	-	Administrative Officer of the Day
BLS	-	Basic Life Support
CLIN	-	Contract Line Item Number
CHCS	-	Composite Health Care System
DA	-	Department of the Army
DCCS	-	Deputy Commander for Clinical Services
DOD	-	Department of Defense
DEA	-	Drug Enforcement Administration
FTE	-	Full Time Equivalent
JCAHO	-	Joint Commission on Accreditation of Healthcare Organizations
MEDCOM	-	Medical Command
MEDDAC	-	Medical Department Activity
MTF	-	Medical Treatment Facility (hospital or clinic)
NRP	-	Neonatal Resuscitation Program
OSHA	-	Occupational Safety & Health Association
PAD	-	Patient Administration Division
PALS	-	Pediatric Advanced Life Support
PAM	-	Pamphlet
PCF	-	Practitioner's Credentials File
PWS	-	Performance Work Statement
QAE	-	Quality Assurance Evaluator
QA&I	-	Quality Assessment & Improvement
QC	-	Quality Control
SF	-	Standard Form
TAB	-	Therapeutic Agents Board

ATTACHMENT 1

HEALTH AND IMMUNIZATION REQUIREMENTS

All contract personnel performing direct health care services under this contract shall receive a general physical examination prior to commencement of services. The contractor shall provide a physical examination certificate and a completed Immunization Status Form along with copies of laboratory results, for each individual direct health care provider who will provide services under this contract at the time of initial request for privileges, and annually thereafter. The certificate shall state the date on which the physical examination was completed and the name of the physician who performed the examination. The physician performing the examination shall sign this certification. A physical examination administered more than 120 days prior to performance of the contract will not be considered adequate. The physical examination shall include the following.

- a. Test for the antibody to HIV (Human Immunodeficiency Virus) with documented results of the test.
- b. A history to show that the direct health care provider has completed a primary series of immunization with tetanus and diphtheria toxoids and that a booster dose is current (within the past 10 years).
- c. A history to show that the direct health care provider has completed an immunization series with a Hepatitis B vaccine (e.g., Recombivax, Engerix), or provide serologic evidence of immunity to Hepatitis B. A statement of declination is not acceptable.
- d. The physical examination shall also document serologic evidence of immunity to measles, mumps and rubella or provide documentation of immunization with 2 doses of measles, mumps and rubella (MMR) vaccine.
- e. Contractor's health care providers shall be screened for tuberculosis by a tuberculin skin test using the Mantoux technique. A skin test result of 10 mm of induration or more shall be required to have a chest roentgenogram and an evaluation performed. A tuberculin skin test of 10 mm of induration or more will require documentation providing an assessment of the patient (status of infection--active, inactive; need for treatment of latent infection or not as determined by age, history of BCG (Bacillus Calmette-Guerin) vaccination; duration of skin test positivity, etc.
- f. Documentation of positive antibody titer for varicella or date immunizations were given.
- g. If all the immunizations and test set forth in the preceding paragraphs have not been completed, the contractor shall issue a certificate providing evidence of immunizations and tests that have been completed or started and shall provide a schedule for the completion of unfinished immunizations and lab tests. After the schedule is completed, the contractor must provide an updated and complete certificate.
- h. All contract personnel performing direct health care services under this contract, who experience a parenteral (e.g., needle-stick or cut) or mucous membrane exposure (e.g., splash to the eye or mouth) to blood or bloody body fluids, shall receive prompt treatment. The medical treatment facility (MTF) will evaluate the source of exposure for risk of Hepatitis-A, Hepatitis-B, Hepatitis-C, and Human Immunodeficiency Virus (HIV) and will provide a report of the findings to the contract provider. It shall be the contractor's responsibility to provide appropriate treatment as needed to possibly include Tetanus-Diphtheria booster, Immune Globulin, Hepatitis-B vaccine booster, or Hepatitis-B Immune Globulin. The contractor shall be responsible for providing the contract employee with initial testing and if the source of exposure was unknown, positive, or considered at high risk for HIV infection, follow-up testing 3, 6, and 12 months after exposure. In the event of a confirmed or highly suspected parenteral exposure to HIV, the contractor shall insure that the contract provider receives appropriate counseling and is referred immediately to a private infectious disease specialist for consideration of any experimental therapy (e.g., AZT). The government may require the contractor to provide evidence of the status of treatment and testing of the individual provider under the contract.

i. Failure to meet the requirements stated herein, or when test results determine a contract provider has a contagious disease, the Contracting Officer may, upon the advice of the MTF commander or his clinical staff, determine that such provider is not an acceptable individual to perform services under this contract.

ATTACHMENT 1-A
IMMUNIZATION STATUS

EMPLOYEE'S NAME: _____

HIV

NEGATIVE: _____ POSITIVE: _____ DATE: _____

HEPATITIS B

Serologic Testing
(Specify Dates and Results):

HbsAG _____

HbsAB _____

Hepatitis Vaccine
(Specify Dates Doses Given):

Dose #1 _____ Dose #2 _____

Dose #3 _____ Booster _____

TB STATUS

Mantoux Test PPD

PPD Given: _____

PPD Read: _____

Results: _____

Chest X-ray

Date of CXR: _____

CXR Results: _____

Results of Evaluation and Indication for Treatment:

MEASLES/MUMPS/RUBELLA

Positive Antibody Titer
(Specify Dates and Results):

Measles: _____

Mumps: _____

Rubella: _____

MMR Immunization
(Specify Dates Doses Given):

Dose #1 _____

Dose #2 _____

TETANUS & DIPHTHERIA
(Specify Dates Given)

Dose #1 _____ Dose #2 _____ Dose #3 _____ Booster _____

VARICELLA

Positive Antibody Titer (Specify Dates and Results): _____

Varicella Immunization Given: _____

EXAMINING PHYSICIAN: _____

ADDRESS: _____

TELEPHONE: _____

SIGNATURE & DATE: _____

ATTACHMENT 2

APPLICATION FOR HOSPITAL PRIVILEGES

The following documents must be submitted for review by the Ireland Army Community Hospital Credentials Committee as a prerequisite to recommending that clinical privileges be granted a provider:

1. Curriculum Vitae. Submit a current chronological curriculum vitae. This must cover all periods of time beginning with entrance into a college and/or training institution to the present time, to include all hospital appointments by dates, a current home address, phone number, professional address and phone, date and place of birth.
2. Copy of Medical School Diploma **with Primary Source Verification**.
3. Copies of Internship, Residency, Board Certification (if applicable), and any fellowship training certificates **with Primary Source Verification**.
4. All state medical licenses and current renewal certificates (**current and inactive**) **with Primary Source Verification**.
5. Drug Enforcement Administration Certificate (**notarized**), if applicable.
6. Education Commission for Foreign Medical Graduates (ECFMG) Certification (**verified**), if applicable.
7. **Notarized** copy of current **BLS** Certification. BLS must be sponsored by the American Heart Association or the American Red Cross content-equivalent of "CPR/AED for the Professional Rescuer."
8. **Notarized** copies of Continuing Medical Education Certificates for the past year.
9. **Two**, current (within past 12 months) **original** letters of reference for verification of experience and current competence to include clinical judgment, rapport with patients/staff, emotional stability, physical health, ethical and professional conduct, and timeliness of completing medical charts from the appropriate sources listed below:
 - a. Either the chief of staff of the hospital, the clinical administrator, the professional supervisor, or the department head, of affiliated hospital.
 - b. A letter from the director or a faculty member of the training program, if in a training program within the last five years.
 - c. A letter from a practitioner (in same discipline) who is in a position to evaluate the professional standing, character and ability, a peer and a professional association or society association is mandatory if self-employed.

[NOTE: If possible, the original letters should come directly from the author to the Credentials Committee.]

10. DA Form 4691, Initial Application for Clinical Privileges. Complete all areas. Cover all periods of education to include dates. Any break in time during your professional education, postgraduate training or hospital assignments, please explain on the DA Form 4691, or a separate sheet of paper. To expedite your application, you may contact the institutions that can provide primary source verification and have then send a letter directly to the credentials office.

11. DA Form 5754, Malpractice History and Clinical Privileges Questionnaire. Complete the Malpractice/ Privileges Questionnaire. **INITIAL, DO NOT CHECK.** Dates of malpractice coverage and history of suits and claims will be verified for the seven (7) years prior to application.

[Provide the complete address and policy number of all current and past malpractice carriers for the past seven (7) years. To expedite the application, please have the malpractice carrier submit a claims history check directly to the credentials office.]

12. DA Form 5440-series, Delineation of Privileges. DA Form 5440- series are used to request privileges and must be completed by the practitioner by placing a number beside each condition/procedure in the requested column. Check marks or X's are not acceptable. Areas not requested, enter appropriate number or line through and initial.

13. Statement of Affirmation. Read the release form, sign and date.

14. National Practitioner Data Bank Information. Complete the Data Information Sheet. This information is used to query the National Data Bank.

ATTACHMENT 3

DELIVERABLES

SECTION	TITLE	FORMAT	REQUIRED DATE	FREQUENCY	NO. OF COPIES	DISTRIBUTION
1.1.15	Designation of Contractor's Representative	Written Letter	NLT 5 working days after award	Initially & Upon Change	1	Contracting Officer
1.1.16	Manpower Report	Written Report	NLT 5th workday of each month for the prior month time period	Monthly	1	Contracting Officer
1.5	Credentials	Written Documents/Forms	NLT 7 calendar days after award for initial employees and NLT 30 calendar days prior to performance for additional employees	Initially & Upon Change	1	Contracting Officer
1.6	Health Requirements	Written Documents/Form	NLT 7 calendar days prior to performance	Initially & annually thereafter	1	Contracting Officer